

**Application for Assistance**

Date Received \_\_\_\_\_

Assigned to \_\_\_\_\_

Is an **EBT** card needed? ☐ Yes ☐ No

**Check only those programs for which you are applying:**

- ☐ Child Care Assistance Program (CCAP)
- ☐ Family Independence Temporary Assistance Program (FITAP)
- ☐ Kinship Care Subsidy Program (KCSP)
- ☐ Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program)

You can begin to apply and establish your application date by filling in your name, address and signature below and give this form to us today. It will help us to process your application faster if you also give us a telephone number where you can be reached during the day and **provide a copy of a photo ID or other proof of identity.**

Can you read and understand English? (¿Puede leer usted y poder comprender ingles?) ☐ Yes (Sí ) ☐ No

**If No**, what language can you read and understand? (¿Si no, qué idioma le puede lee y comprende?) \_\_\_\_\_

( Last Name )	(First Name)	(Middle Name )	Social Security Number	
Street or Rural Route	Apt. or Lot#	City and State	Zip Code	Phone#
Mailing Address if different from above: _____				

\_\_\_\_\_  
Your Signature

**What if you need SNAP benefits right away?**

We may be able to get SNAP benefits to you within 4 days of the date you apply if you qualify. You may qualify if:

- The total amount of money you have received or expect to receive this month is less than \$150 and you have \$100 or less in liquid resources such as cash, savings or checking accounts; or
- Your household's rent/mortgage and utilities are more than your total income and resources; or
- Your household includes migrant or seasonal farm workers.

**If any of the above describes your household, answer the following questions:**

1. What is the total amount of money that your household will receive this month? Include money from all sources such as earned income, contributions, Social Security, SSI, VA, etc. \$ \_\_\_\_\_
2. How much money does your household have in liquid resources? Include cash on hand, checking accounts, savings accounts, etc. \$ \_\_\_\_\_
3. How much is your household's monthly rent or mortgage? \$ \_\_\_\_\_
4. Do you pay for utilities, such as electricity, gas, water, etc.? ☐ Yes ☐ No
5. Do you pay utility costs for heating or air conditioning? ☐ Yes ☐ No
6. Do you pay telephone expenses? ☐ Yes ☐ No
7. Is anyone in your household a migrant or seasonal farm worker? ☐ Yes ☐ No

### Office Use Only

1. Income                      \$ _____ + 2. Resources                      \$ _____ = <b>Total</b> \$ _____ (A)	Is #1 less than \$150? <input type="checkbox"/> Yes <input type="checkbox"/> No AND Is #2 less than \$101? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to both, Expedite. If no, consider shelter costs.
3. Rent/Mortgage                      \$ _____ + Utility Standard*                      \$ _____ = <b>Total</b> \$ _____ (B)	Is B greater than A? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Expedite. If no, consider migrant or seasonal farm worker status. Is anyone in the household a migrant or seasonal farm worker? <input type="checkbox"/> Yes <input type="checkbox"/> No AND Is #2 less than \$101? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to both, Expedite. If no, the case is not expedited.

\*If, on the reverse side, the answer to:  
 #4 is Yes **and** #5 is No, use BUA.  
 #5 is Yes, use SUA  
 #6 is Yes **and** #4 **and** #5 are No, use TEL.

Expedited: ☐ Yes    ☐ No    If yes, enter "Expedited Date" on CP CA screen of LAMI.

Due Date\*: \_\_\_\_\_

\*The case must be certified and the client must have their EBT card in sufficient time to be able to use their SNAP benefits by the 4th calendar day after the date of application. If the 4th calendar day falls on a weekend or holiday, the due date becomes the previous workday.

Expedited status determined by: \_\_\_\_\_  
Signature of Agency Representative                      Date

<b>A. Tell Us About You</b>				
<i>You can choose not to give Ethnicity and Racial information. It will not affect your eligibility. This information helps us follow Title VI of the Civil Rights Act of 1964.</i>				
Do you need a new Louisiana Purchase Card? <input type="checkbox"/> Yes <input type="checkbox"/> No				
First Name	Middle Initial	Last Name	Maiden or Other Name	
Mailing Address	Apt/Lot No.	City	State	Zip Code
Home Address (If different from mailing)	Apt/Lot No.	City	State	Zip Code
( )	( )	( )		
Home Telephone Number	Cell Telephone Number		Work or Other Telephone Number	
Social Security Number			Parish of Residence	
Date of Birth	E-mail Address			
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Ethnicity:</b> Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Highest grade level completed in school?	
<b>Marital Status:</b>	<b>Racial Heritage (check all that apply):</b>		Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Married	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/ Pacific Islander	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Separated	<input type="checkbox"/> White	<input type="checkbox"/> American Indian/ Alaskan Native	If no, do you have immigration papers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Divorced		<input type="checkbox"/> Black or African American	Date of entry in U.S.: _____	
<input type="checkbox"/> Never Married				
<input type="checkbox"/> Widowed				
<b>B. Tell Us If You Have An Authorized Representative</b>				
<i>An Authorized Representative is someone you allow us to talk with about your SNAP/Child Care Assistance Program benefits. You can name someone, but it is not required.</i>				
Would you like to have an Authorized Representative? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>If yes</b> , tell us about your Authorized Representative.				
Name of Authorized Representative			( ) Telephone Number	
Address		City	State	Zip Code
<b>For Office Use Only</b>				
Rights and Responsibilities discussed with applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Reporting requirements explained to applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is an EBT card needed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is there an authorized representative? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Identity verified by: <input type="checkbox"/> Driver's License <input type="checkbox"/> Identification card <input type="checkbox"/> Other				
Residency verified by:				
Marital status verified by:				
Reason for application:				
FITAP/KCSP explained? <input type="checkbox"/> Yes <input type="checkbox"/> No      Client selected: <input type="checkbox"/> FITAP <input type="checkbox"/> KCSP				

**C. Tell Us About The Other People In Your Household – Do Not Include Yourself**

**List everyone else who lives in your household, even if you are not applying for them.** You can choose not to give Ethnicity & Racial information. It will not affect your eligibility. This information helps us follow Title VI of the Civil Rights Act of 1964.

**Don't miss out on No Cost Health Insurance for your children!** If you check the box below, we will share what you put on this form with the Louisiana Department of Health and Hospitals (DHH). DHH will sign up children who qualify and send you a letter with more information about the Medicaid Program.

☐ **Yes, please share my information with DHH so I do not need to complete another application.**

I understand that if my children get Medicaid, and their medical bills are paid by a private health insurance or lawsuit settlement, Medicaid can get its money back from this source.

Household Members (Enter Name)	Relation to you (NR=Not Related)	Birth Date	Social Security Number	Sex (M/F)	US Citizen? (Yes/No)	ED Level *	Marital Status	Race/ Ethnic Code **
Last First MI	Complete these sections only for those who need benefits							

**\*\*Race:** (You may select more than one race)

**\*\*Ethnicity:**

**AN** = Alaskan Native **WH** = White **BL** = Black or African American

**Y** = Hispanic or Latino

**AI** = American Indian **AS** = Asian **PI** = Native Hawaiian or other Pacific Islander

**N** = Not Hispanic or Latino

**\*ED Level:** List highest grade completed or GED/college

*If you need more space for additional household members, you can write the information on plain paper or ask for an "Additional Household Members Form."*

*If anyone for whom you are applying is not a U. S. citizen, your worker will complete an Alien Addendum and Checklist with you during your interview.*

**For Office Use Only**

Household composition: \_\_\_\_\_ person household

Are all members linked on LAMI? ☐ Yes ☐ No

Enumeration verified by:

Age and relationship verified by:

Document CR 5

Citizenship: Are all household members U.S. citizens? ☐ Yes ☐ No

If no, complete Alien Addendum and Alien Checklist.

D. Tell Us About Your Household		For Office Use Only
Please answer the following questions for yourself and everyone else in your home.		
1. Do you usually buy food and prepare your meals with everyone who lives with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, who buys and prepares their food separately?		
2. Do you or anyone in your household rent a room?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you or anyone in your household pay someone for meals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Are you or anyone in your household a fleeing felon?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Are you or anyone in your household in violation of their probation or parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Have you or anyone in your household been convicted of a drug-related felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. If yes, complete supplement.
7. Have you or anyone in your household been disqualified or had their benefits reduced or stopped for breaking the rules of SNAP, FITAP, KCSP, or SSI?	<input type="checkbox"/> Yes <input type="checkbox"/> No	7. If yes, complete supplement.
8. Do you or anyone in your household need to get away from an abusive situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	8-9. Referral needed for domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does anyone in your home make you afraid by threatening, yelling, or physically hurting you or a member of your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes and FITAP/KCSP: Issue Flyer DV.
10. Do you or anyone in your household have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	10. If yes, complete supplement. If FITAP, complete OFS 90 or OFS 90L.
11. Are you or anyone in your household pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who? Due date:		<input type="checkbox"/> OFS IM
12. Are immunizations current on all children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Verification: <input type="checkbox"/> CR 9
If no, who? Why?		<input type="checkbox"/> LINKS
13. Does anyone in your household attend high school, college, vocational or technical school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	13. If yes, is anyone attending an institution of higher education? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, complete the following for each student:		If yes, complete supplement.
a. _____	_____	<input type="checkbox"/> Eligible student
Name of Student	Name of School and Program of study	<input type="checkbox"/> Ineligible student
How many hours does the student attend school each week? _____		
Is this considered full or part-time? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
b. _____	_____	<input type="checkbox"/> Eligible student
Name of Student	Name of School and Program of study	<input type="checkbox"/> Ineligible student
How many hours does the student attend school each week? _____		
Is this considered full or part-time? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		

E. Tell Us About Your Household's Work		For Office Use Only
<p><i>Tell us about any money received by you or anyone in your household for work including full-time, part-time, temporary, or seasonal jobs, self-employment, training, military reserve pay, or work study. This includes money received from wages, salaries, tips, or commissions.</i></p>		
<p>1. Do you or anyone in your household work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p><i>Complete the following information for <b>each person</b> who works for an employer. If anyone works for more than one employer, complete a separate block for each employer. Use plain paper if you need more space.</i></p>		
<p>2. Person Who Works For An Employer</p>		Use OFS 3
<p>Name _____ Start Date _____</p>		Verified by: _____
<p>Employer's Name _____ Phone # _____</p>		
<p>Address _____</p>		
<p>How often paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice monthly  <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____</p>		
<p>Paid by Direct Deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p><b>If yes</b>, at what bank or credit union? _____</p>		Are reimbursements received? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>If no</b>, where do you cash your paycheck? _____</p>		
<p># of hours worked per week _____ Hourly wage _____</p>		
<p># of days worked per week _____</p>		
<p>Do you ever work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		Is commission earned? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>If yes</b>, how often? _____ How many hours? _____</p>		If yes, how much? How often?
<p>Are tips earned? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p><b>If yes</b>, how much? _____ How often? _____</p>		
<p>Is this Work Study? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		Is this piecework? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is this job temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		Rate per piece?
<p><b>If yes</b>, date expected to end? _____</p>		
<p>3. Person Who Works For An Employer</p>		Use OFS 3
<p>Name _____ Start Date _____</p>		Verified by: _____
<p>Employer's Name _____ Phone # _____</p>		
<p>Address _____</p>		
<p>How often paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice monthly  <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____</p>		
<p>Paid by Direct Deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p><b>If yes</b>, at what bank or credit union? _____</p>		Are reimbursements received? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>If no</b>, where do you cash your paycheck? _____</p>		
<p># of hours worked per week _____ Hourly wage _____</p>		
<p># of days worked per week _____</p>		
<p>Do you ever work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		Is commission earned? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>If yes</b>, how often? _____ How many hours? _____</p>		If yes, how much? How often?
<p>Are tips earned? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p><b>If yes</b>, how much? _____ How often? _____</p>		
<p>Is this Work Study? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		Is this piecework? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Is this job temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		Rate per piece?
<p><b>If yes</b>, date expected to end? _____</p>		

<p>4. Has anyone in your household (including you) stopped working in the last 90 days? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>5. Is anyone in your household (including you) looking for work? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>6. Is anyone on strike? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>7. Is anyone in your household a migrant or seasonal farmworker? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	<p style="text-align: center;"><b>For Office Use Only</b></p> <p>4. If yes, complete supplement.</p> <p>5. If yes, complete supplement.</p>			
<p><i>Complete the following information for <b>each person</b> who is self-employed. This includes fishermen, child care providers, hair dressers, and people who do odd jobs such as cutting grass, picking up cans, etc. Use plain paper if you need more space.</i></p>				
<p><b>8. Persons Who Are Self-Employed</b></p>				
Name		Name		
Type of Business		Type of Business		
Monthly Business Income		Monthly Business Income		
Monthly Business Expenses		Monthly Business Expenses		
# Hours Worked Per Week		# Hours Worked Per Week		
<p><b>F. Tell Us About Other Income</b></p>				
<p>1. Do you or anyone in your household receive money from a source other than work? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b>, check each type of income.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Annuity Income  <input type="checkbox"/> Child Support Income  <input type="checkbox"/> Contributions From Family/Friends  <input type="checkbox"/> Disability Insurance Benefits  <input type="checkbox"/> Energy Check  <input type="checkbox"/> Gifts  <input type="checkbox"/> Interest Income  <input type="checkbox"/> Loans  <input type="checkbox"/> Military Allotment  <input type="checkbox"/> Oil Lease/Royalties  <input type="checkbox"/> Railroad Benefits  <input type="checkbox"/> Rental Income  <input type="checkbox"/> Retirement Pension </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Roomer/Boarder  <input type="checkbox"/> Social Security  <input type="checkbox"/> Scholarships/Grants/School Loans  <input type="checkbox"/> SSI  <input type="checkbox"/> Spousal Support/Alimony  <input type="checkbox"/> Tribal Money  <input type="checkbox"/> Training Allowance (WIA)  <input type="checkbox"/> Trust Income  <input type="checkbox"/> Unemployment Benefits  <input type="checkbox"/> Veterans Benefits  <input type="checkbox"/> Workers Compensation  <input type="checkbox"/> Other </td> </tr> </table>			<input type="checkbox"/> Annuity Income <input type="checkbox"/> Child Support Income <input type="checkbox"/> Contributions From Family/Friends <input type="checkbox"/> Disability Insurance Benefits <input type="checkbox"/> Energy Check <input type="checkbox"/> Gifts <input type="checkbox"/> Interest Income <input type="checkbox"/> Loans <input type="checkbox"/> Military Allotment <input type="checkbox"/> Oil Lease/Royalties <input type="checkbox"/> Railroad Benefits <input type="checkbox"/> Rental Income <input type="checkbox"/> Retirement Pension	<input type="checkbox"/> Roomer/Boarder <input type="checkbox"/> Social Security <input type="checkbox"/> Scholarships/Grants/School Loans <input type="checkbox"/> SSI <input type="checkbox"/> Spousal Support/Alimony <input type="checkbox"/> Tribal Money <input type="checkbox"/> Training Allowance (WIA) <input type="checkbox"/> Trust Income <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Other
<input type="checkbox"/> Annuity Income <input type="checkbox"/> Child Support Income <input type="checkbox"/> Contributions From Family/Friends <input type="checkbox"/> Disability Insurance Benefits <input type="checkbox"/> Energy Check <input type="checkbox"/> Gifts <input type="checkbox"/> Interest Income <input type="checkbox"/> Loans <input type="checkbox"/> Military Allotment <input type="checkbox"/> Oil Lease/Royalties <input type="checkbox"/> Railroad Benefits <input type="checkbox"/> Rental Income <input type="checkbox"/> Retirement Pension	<input type="checkbox"/> Roomer/Boarder <input type="checkbox"/> Social Security <input type="checkbox"/> Scholarships/Grants/School Loans <input type="checkbox"/> SSI <input type="checkbox"/> Spousal Support/Alimony <input type="checkbox"/> Tribal Money <input type="checkbox"/> Training Allowance (WIA) <input type="checkbox"/> Trust Income <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Other			
<p><b>For Office Use Only</b></p>		<p><b>FITAP</b></p>		
Name	Age	WR Code		
Reason For Exemption				

2. For each box checked in #1 of this section on page 5, complete the following information. Include any money you expect to receive in the next 30 days.					<b>For Office Use Only</b>  Verified by: _____          3. If yes, what type? _____          5. If yes, complete supplement. _____  6. If yes, complete supplement. _____          Living Arrangement <input type="checkbox"/> Public housing <input type="checkbox"/> HUD or Section 8 subsidy <input type="checkbox"/> Other subsidy <input type="checkbox"/> No rent subsidy  Are insurance and property taxes included in the mortgage payment? <input type="checkbox"/> Yes <input type="checkbox"/> No  Are any of these bills past due? <input type="checkbox"/> Yes <input type="checkbox"/> No													
<b>Name</b>	<b>Type Of Income</b>	<b>Amount</b>	<b>How Often (Weekly, Monthly, etc)</b>	<div style="text-align: right;">Do You Expect This Income To End</div> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____														
				<div style="text-align: right;">Do You Expect This Income To End</div> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____														
				<div style="text-align: right;">Do You Expect This Income To End</div> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____														
				<div style="text-align: right;">Do You Expect This Income To End</div> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____														
				<div style="text-align: right;">Do You Expect This Income To End</div> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____														
3. Do you or anyone in your household have an application pending for any benefits that you are not receiving yet? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>																		
4. Have you or anyone in your household received cash assistance or SNAP benefits from another state? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> a. If yes, who? _____ b. When? _____ c. What state(s)? _____																		
5. Is someone court-ordered to pay child support to you or anyone in your household? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>																		
6. Do you or anyone in your household receive any money from a child's parent who is not court-ordered to pay? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>																		
<b>G. Tell Us About Your Expenses</b>																		
<i>In order to receive the most benefits possible, you need to tell us about and provide proof of your household expenses. Failure to report or verify any of the expenses listed below will be seen as a statement by your household that you do not want to receive a deduction for the unreported expense.</i>																		
<b>HOUSING EXPENSES</b>																		
1. Check each type of housing expense that you or anyone in your household has. <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Rent</td> <td><input type="checkbox"/> Electricity</td> </tr> <tr> <td><input type="checkbox"/> Mortgage(s), (if buying)</td> <td><input type="checkbox"/> Gas</td> </tr> <tr> <td><input type="checkbox"/> Lot Rent</td> <td><input type="checkbox"/> Sewer</td> </tr> <tr> <td><input type="checkbox"/> Homeowner's Insurance</td> <td><input type="checkbox"/> Water</td> </tr> <tr> <td><input type="checkbox"/> Flood Insurance</td> <td><input type="checkbox"/> Garbage</td> </tr> <tr> <td><input type="checkbox"/> Property Tax</td> <td><input type="checkbox"/> Telephone</td> </tr> <tr> <td><input type="checkbox"/> Condominium Fees</td> <td><input type="checkbox"/> Other</td> </tr> </table>					<input type="checkbox"/> Rent	<input type="checkbox"/> Electricity	<input type="checkbox"/> Mortgage(s), (if buying)	<input type="checkbox"/> Gas	<input type="checkbox"/> Lot Rent	<input type="checkbox"/> Sewer	<input type="checkbox"/> Homeowner's Insurance	<input type="checkbox"/> Water	<input type="checkbox"/> Flood Insurance	<input type="checkbox"/> Garbage	<input type="checkbox"/> Property Tax	<input type="checkbox"/> Telephone	<input type="checkbox"/> Condominium Fees	<input type="checkbox"/> Other
<input type="checkbox"/> Rent	<input type="checkbox"/> Electricity																	
<input type="checkbox"/> Mortgage(s), (if buying)	<input type="checkbox"/> Gas																	
<input type="checkbox"/> Lot Rent	<input type="checkbox"/> Sewer																	
<input type="checkbox"/> Homeowner's Insurance	<input type="checkbox"/> Water																	
<input type="checkbox"/> Flood Insurance	<input type="checkbox"/> Garbage																	
<input type="checkbox"/> Property Tax	<input type="checkbox"/> Telephone																	
<input type="checkbox"/> Condominium Fees	<input type="checkbox"/> Other																	



2. For each box checked in #1 of this section on page 6, complete the following information.				<b>For Office Use Only</b>  Indicate how each expense was verified.  Eligible for: <input type="checkbox"/> SUA <input type="checkbox"/> BUA <input type="checkbox"/> TEL <input type="checkbox"/> None  4. If yes, complete supplement.          Court-ordered child support expenses:          Medical expenses: Use form SNAP 1MW
<b>Type Of Housing Expense</b>	<b>Name and Phone Number of Person or Company Paid</b>	<b>Amount Paid</b>	<b>How Often Paid (Weekly, Monthly, Etc.)</b>	
3. Do you pay utility costs for heating and/or air conditioning? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
4. Does anyone help you pay your housing expenses? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
5. Do you receive energy assistance? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
If yes, is the assistance through the Low-Income Home Energy Assistance Program (LIHEAP)? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
6. Do you pay housing expenses for a home you are no longer living in but plan to return to? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
<b>CHILD SUPPORT EXPENSES</b>				
1. Does anyone in your household pay court-ordered child support? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, complete the following information.				
<b>Who Pays</b>	<b>Paid to Whom</b>	<b>Amount Paid</b>	<b>How Often Paid (Weekly, Monthly, Etc.)</b>	
<b>MEDICAL EXPENSES</b>				
<i>We can allow a medical deduction in your SNAP case for each household member who has a disability or is over the age of 59. A deduction may be given for medical expenses that are <b>more than \$35.00 per month</b>.</i>				
1. Is there anyone in your household who has a disability or is over the age of 59? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, answer the questions in this section. If no, skip to the Dependent Care Expenses section on the next page.				
2. Does this person have to pay medical expenses? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
a. If yes, do you want to verify these expenses so that you can receive a medical deduction? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
b. Check each medical expense that this person has.				
<input type="checkbox"/> Dental Bills		<input type="checkbox"/> Prescribed Medicine		
<input type="checkbox"/> Hospital Bills		<input type="checkbox"/> Prescription Drug Plan		
<input type="checkbox"/> Health Insurance Or Medicare Premiums		<input type="checkbox"/> Nursing Home		
<input type="checkbox"/> Medical Appliances		<input type="checkbox"/> Other		
3. For each box checked above, complete the following information.				
<b>Names</b>	<b>Type of Expense</b>	<b>Amount Paid</b>	<b>How Often Paid (Weekly, Monthly, Etc.)</b>	

<i>Medical Transportation Expense is money spent for trips to the doctor, hospital, drug store, etc. This includes miles driven in your own vehicle.</i>				<b>For Office Use Only</b>	
4. Does any elderly or disabled person listed on previous page have medical transportation costs? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>					
a. Does this person use their own vehicle or a household member's vehicle? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>					
b. <b>If yes</b> , complete the following information.					
<b>Name Of Person</b>	<b>List All Places Visited For Medical Purposes (Ex. Doctors, Drug Store, Hospital, Etc.)</b>	<b># Of Miles Traveled Round Trip</b>	<b>Number Of Visits Per Month</b>		
c. Does this person pay someone other than a household member for medical transportation? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>					
d. <b>If yes</b> , complete the following information.					
<b>Name Of Person</b>	<b>Who Is Paid</b>	<b>Where Does This Person Go</b>	<b>How Much Does This Person Pay Per Trip</b>	<b>How Many Trips Does This Person Pay For Each Month</b>	
<i>If you need more space, you can write the information on plain paper.</i>					
5. Will this person or anyone in your household be reimbursed for any of the medical expenses listed above? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				5. If yes, complete supplement.	
6. Does anyone help pay the medical expenses? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>					6. If yes, complete supplement.
<b>DEPENDENT CARE EXPENSES</b>					
1. Do you or anyone in your household pay someone to care for a child, or an adult who is elderly or disabled, so that you or a household member can work, attend training or school, or look for work? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				Certified for CCAP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. <b>If yes</b> , complete the following information.					
<b>Paid For Whom</b>	<b>Name And Telephone Number Of Person Paid</b>	<b>Amount Paid</b>	<b>How Often Paid (Weekly, Monthly, Etc.)</b>	What is co-payment amount?   When management is questionable, use form OFS 4MW.	
3. Does anyone help you pay your dependent care expenses? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				3. If yes, complete supplement.	

<b>H. Tell Us About Your Household's Resources</b>				<b>For Office Use Only</b>															
<i>Resources include cash, money in the bank, Certificates of Deposit, stocks, and bonds. Resources do not include personal property such as jewelry, furniture, electrical equipment, or clothing.</i>				<p>How was this verified?</p> <p> <input type="checkbox"/> Client statement  <input type="checkbox"/> Bank statement  <input type="checkbox"/> Other         </p>															
<p>1. Does your name or the name of anyone in your household appear on a bank/credit union account with someone else? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>a. <b>If yes</b>, whose names are on the account? _____</p> <p>b. Why is this name on the account? _____</p> <p>c. Does someone else make deposits into this account? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>d. <b>If yes</b>, who and how much per month? _____</p>																			
<p>2. Check each resource listed below that you or anyone in your household has.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Bank/Credit Union Account (Checking)  <input type="checkbox"/> Bank/Credit Union Account (Saving)  <input type="checkbox"/> Joint Account  <input type="checkbox"/> Bonds  <input type="checkbox"/> Cash On Hand  <input type="checkbox"/> Certificate Of Deposit (CD)         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Money Market Account  <input type="checkbox"/> Mutual Funds  <input type="checkbox"/> Safe Deposit Box  <input type="checkbox"/> Savings Bond  <input type="checkbox"/> Stocks         </td> </tr> </table>						<input type="checkbox"/> Bank/Credit Union Account (Checking) <input type="checkbox"/> Bank/Credit Union Account (Saving) <input type="checkbox"/> Joint Account <input type="checkbox"/> Bonds <input type="checkbox"/> Cash On Hand <input type="checkbox"/> Certificate Of Deposit (CD)	<input type="checkbox"/> Money Market Account <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Safe Deposit Box <input type="checkbox"/> Savings Bond <input type="checkbox"/> Stocks												
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<p>3. <i>For each box checked above, complete the following information.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">In Whose Name Is The Resource Listed</th> <th style="width: 15%;">Type Of Resource</th> <th style="width: 15%;">How Much Is It Worth</th> <th style="width: 45%;">Where Is The Resource (Include Name Of Bank Or Company, Where Money Is Held, Address Of Property, Etc.)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						In Whose Name Is The Resource Listed	Type Of Resource	How Much Is It Worth	Where Is The Resource (Include Name Of Bank Or Company, Where Money Is Held, Address Of Property, Etc.)										
In Whose Name Is The Resource Listed	Type Of Resource	How Much Is It Worth	Where Is The Resource (Include Name Of Bank Or Company, Where Money Is Held, Address Of Property, Etc.)																
<p>4. Have you or anyone in your household sold, traded, given away, or transferred a resource in the last three months? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>5. Have you or anyone in your household received or do you or anyone in your household expect to receive a lump sum of money? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>																			
<b>For Office Use Only</b>				<p>Are liquid resources \$1500 or less? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. If yes, complete supplement.</p> <p>5. If yes, complete supplement.</p> <p> <input type="checkbox"/> Countable lump sum  <input type="checkbox"/> Non-countable lump sum         </p>															

**IF YOU ARE APPLYING FOR SNAP BENEFITS ONLY, SKIP TO PAGE 13.**

**COMPLETE THIS PAGE ONLY IF YOU ARE APPLYING FOR CHILD CARE ASSISTANCE**

**I. Child Care Assistance Program**

1. Are you applying for the Child Care Assistance Program? ☐ Yes ☐ No  
**If yes**, complete this page. **If no**, skip to page 11.
2. List all children who need care and the times each day that the care is needed. If school-aged children need care before and after school, list both times (for example: 7:00 a.m. to 8:00 a.m. and 3:30 p.m. to 6:00 p.m.).

Name Of Child	Age	Type Of Care	Provider's Name Address/Phone Number	Provider's Relationship To Child	Cost Of Care	Time Care Needed Each Day
		<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input type="checkbox"/> Class A Center <input type="checkbox"/> Other				
		<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input type="checkbox"/> Class A Center <input type="checkbox"/> Other				
		<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input type="checkbox"/> Class A Center <input type="checkbox"/> Other				
		<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input type="checkbox"/> Class A Center <input type="checkbox"/> Other				
		<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input type="checkbox"/> Class A Center <input type="checkbox"/> Other				

3. List all children who attend or will attend Head Start, Pre-Kindergarten, Kindergarten, or school this school year. \_\_\_\_\_

4. Do any of the children listed above need specialized care because of a physical, mental, or emotional condition? ☐ Yes ☐ No

a. **If yes**, who? \_\_\_\_\_

b. For what condition? \_\_\_\_\_

**For Office Use Only**

Did the provider change? ☐ Yes ☐ No

How were special needs verified?

**COMPLETE THIS PAGE ONLY IF YOU ARE APPLYING FOR FITAP OR KCSP**

<b>J. FITAP or KCSP</b>			<b>For Office Use Only</b>
1. Are you applying for FITAP or KCSP? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <b>If yes</b> , complete this page. <b>If no</b> , skip to page 13.			
<b>HEALTH INSURANCE</b>			
2. Is anyone in your household covered by medical insurance other than Medicaid? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> a. <b>If yes</b> , name of insurance: _____ b. Type of coverage (Hospital, Dental, Etc.): _____			
3. Can you or anyone in your household get health insurance through an employer? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
<b>COLLATERALS</b>			
4. Please complete the following information for two people who are not related to you who can verify your household situation.			
<b>Name</b>	<b>Address</b>	<b>Daytime Phone Number</b>	
<b>CUSTODY</b>			
5. If you are not the parent of the child(ren) for whom you are applying, do you have custody? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> a. <b>If yes</b> , complete the following information.			
<b>Children For Whom You Have Custody</b>	<b>Type Of Custody</b>	<b>Effective Date Of Custody</b>	
<i>A non-custodial parent is a parent who does not live in the home with his/her child. Tell us about the non-custodial parent(s) of each child living in your home. This includes both mother and father if you are not the parent of the child(ren). If a child's biological father and legal father are not the same person, give the requested information for both fathers. Use plain paper if you need more space.</i>			
<b>6. Non-Custodial Parent Information</b>			
Name		Social Security Number	Date of Birth
Street Address			
City		State	Phone Number
Employer			
Name(s) of Children			
Parental Relationship (relationship of children's parents) :		<input type="checkbox"/> Married	<input type="checkbox"/> Widowed
		<input type="checkbox"/> Never Married	<input type="checkbox"/> Divorced

<b>7. Non-Custodial Parent Information</b>		
Name	Social Security Number	Date of Birth
Street Address		
City	State	Phone Number
Employer		
Name(s) of Children		
Parental Relationship (relationship of children's parents) : <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced		
<b>8. Non-Custodial Parent Information</b>		
Name	Social Security Number	Date of Birth
Street Address		
	State	Phone Number
Employer		
Name(s) of Children		
Parental Relationship (relationship of children's parents) : <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced		
<b>For Office Use Only</b>		
Living in the home with qualified relative? <input type="checkbox"/> Yes <input type="checkbox"/> No  Verified by: <input type="checkbox"/> Landlord statement <input type="checkbox"/> School records <input type="checkbox"/> Collateral <input type="checkbox"/> Other  NCP: Complete form 4NCP and 4NCP Supplement, if applicable:		

## Voter Registration

Any citizen in the State of Louisiana who has met the voter registration requirements and applies for public assistance must be provided the opportunity to register to vote.

If you are not registered to vote where you live now, would you like to apply to register to vote? ☐ Yes ☐ No  
If you do not check either box, we will assume that you do not want to register to vote at this time.

Please note that the information you give to the agency will remain confidential and will be used only for voter registration purposes. Applying to register or refusing to register to vote will not affect the amount of assistance or services that you may receive from the Department of Children and Family Services.

If you would like help filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. Contact your worker if you need help. You may file a complaint if you believe that someone has interfered with your:

- right to register to vote,
- right to decline to register to vote,
- right to privacy in deciding whether to register to vote,
- privacy in applying to register to vote, or
- right to choose your own political party or other political preference.

You may file a complaint with: Louisiana Secretary of State, P.O. Box 94125, Baton Rouge, LA 70804-9125.  
1-800-825-3805

## Read Carefully And Sign Below

I certify under penalty of perjury that the information I have given on this application is true, complete, and correct to the best of my knowledge, including the information I have given regarding the U.S. citizenship or immigration status of all household members. I understand that I and any adult household member will be subject to disqualification and prosecution and will be required to repay ineligible benefits if we knowingly give false, incorrect, or incomplete information in order to obtain or try to obtain financial, food, or child care assistance. By signing this application, I give permission for the release of information to the Department of Children and Family Services by any persons or agencies who have knowledge of my circumstances.

**Remember, you must turn in proof of the information you reported on this application form and verification of your identity.**

\_\_\_\_\_  
Your Signature (or mark)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature (or mark) of your wife or husband

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Minor Unmarried Parent

\_\_\_\_\_  
Date Signed

**If you, or your wife or husband, sign with an "X" mark, ask two people to witness the mark; if applicant is blind, ask three people to witness.**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
**Signature of Person Who Helped You Complete this Form and His or Her Relationship to You**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

I want to withdraw my \_\_\_\_\_ application because \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date